

Fill in this information to identify your case:

Debtor 1	Levi	G.	McCathern, II
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number (if known)	18-31615-SGJ11		

☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		What is the nature of the claim?	Unsecured claim
1	Post Oak Bank Creditor's name P.O. Box 22009 Number Street Houston TX 77227-2009 City State ZIP Code Contact Contact phone	Personal Guarantee As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security _____ Unsecured claim: _____	\$1,483,264.06
2	Capital One/Neiman Marcus Creditor's name 26525 N. Riverwoods Blvd. Number Street Mettawa IL 60045 City State ZIP Code Contact Contact phone	Lawsuit As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security _____ Unsecured claim: _____	\$75,739.00

Debtor 1 **Levi G. McCathern, II**Case number (if known) **18-31615-SGJ11**

			Unsecured claim
3	Barclay's Bank Delaware Creditor's name P.O. Box 8803 Number Street Wilmington DE 19899 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: <u> — </u> Unsecured claim: _____	\$75,000.00
4	Chase Card Creditor's name P.O. Box 15298 Number Street Wilmington DE 19850 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: <u> — </u> Unsecured claim: _____	\$51,081.00
5	Business Insurance Consultants Creditor's name P.O. Box 2590 Number Street Fort Smith AR 72902 City State ZIP Code Contact Contact phone	What is the nature of the claim? Insurance As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: <u> — </u> Unsecured claim: _____	\$20,245.50
6	Bank of America Creditor's name P.O. Box 982238 Number Street El Paso TX 79998 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: <u> — </u> Unsecured claim: _____	\$17,097.00

Debtor 1 Levi G. McCathern, IICase number (if known) 18-31615-SGJ11

Unsecured claim

7**Citibank AAdvantage World Mastercard**What is the nature of the claim? Credit Card\$8,497.00

Creditor's name

c/o United Collection Bureau, Inc.

Number Street

P.O. Box 140310ToledoOH43614

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
Value of security —
Unsecured claim: _____

8**The Speer Kipp Group, PLLC**What is the nature of the claim? Services Rendered\$3,000.00

Creditor's name

13355 Noel Rd., LB 13

Number Street

DallasTX75240

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
Value of security —
Unsecured claim: _____

9**PlainsCapital Bank**What is the nature of the claim? Personal Loan\$2,233.66

Creditor's name

P.O. Box 93600

Number Street

LubbockTX79493-3600

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
Value of security —
Unsecured claim: _____

10**Robert Morgan, DDS**What is the nature of the claim? Medical Expense\$350.00

Creditor's name

375 Municipal St., Suite 104

Number Street

RichardsonTX75080

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
Value of security —
Unsecured claim: _____

Debtor 1 Levi G. McCathern, IICase number (if known) 18-31615-SGJ11

Unsecured claim

11**Benjamin J. Albritton, Psy.D.**

Creditor's name

8117 Preston Rd., Suite 682

Number Street

Dallas

City

TX

State

75225

ZIP Code

Contact

Contact phone

What is the nature of the claim?

Medical Expense**\$350.00**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
Value of security: —
Unsecured claim: _____

12**Sinus Registry**

Creditor's name

P.O. Box 12920

Number Street

Belfast

City

ME

State

04915

ZIP Code

Contact

Contact phone

What is the nature of the claim?

Medical Expense**\$250.00**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
Value of security: —
Unsecured claim: _____

13**Dermatology Treatment Center**

Creditor's name

c/o Credit Systems Intl., Inc.

Number Street

1277 Country Club Ln.**Fort Worth**

City

TX

State

76112

ZIP Code

Contact

Contact phone

What is the nature of the claim?

Medical Expense**\$115.00**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
Value of security: —
Unsecured claim: _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X

Levi G. McCathern, II, Debtor 1

Date **05/16/2018**

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY